



# Incident Report

**Print Date/Time:** 07/22/2016 09:47  
**Login ID:** ss0143

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00014085

**Incident Date/Time:** 7/19/2016 11:25:01 PM  
**Location:** 327 101ST AVE SE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 367-1424  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19N2	SS0112-Warbis
19N3	SS0135-Parnell
19S10	SS0013-Brooks

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	HOUSE, JODY					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AHC1904	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

07/19/2016 : 23:59:34 SP0288 Narrative: TOW OS

07/19/2016 : 23:44:23 SP0288 Narrative: SVR Notes: OWNERS REQ FOR TOP NOTCH

07/19/2016 : 23:31:22 SP0291 Narrative: 1 GRN PT

07/19/2016 : 23:28:43 SP0291 Narrative: ONE VEH ON ITS TOP , INV

07/19/2016 : 23:28:26 SP0321 Narrative: DRIVER REQ PD ONLY FOR COL REPORT, NO PX, MEDINA, JOSUE , 4253226548

07/19/2016 : 23:26:27 SP0321 Narrative: EVERYONE OUT OF WHI TOY COROLA, 1 VEH,

07/19/2016 : 23:26:26 SP0387 Narrative: 1 OCC OF VEH STAYING THEY ARE NON INJ, WHI PC,

07/19/2016 : 23:25:51 SP0387 Narrative: VEH STILL OCC,

07/19/2016 : 23:25:46 SP0288 Narrative: AA BCST

07/19/2016 : 23:25:28 SP0387 Narrative: ROLLOVER

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E564983**CASE # **2016-00014085**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS**01**OBJECT  
STRUCK**BOULDER**TRIBAL  
RESERVATION

M M D D Y Y Y Y TIME (2400)

COUNTY #

MILES

CITY #

DATE OF  
COLLISION**07****19****2016****2323****31****N****E****IN****OF****0664**

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☒NON-INTERSECTION ☐**101ST AVE SE**BLOCK NO. ☒**400**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

**4TH ST SE**

UNIT 01

MOTOR  
VEHICLE☒PEDAL-  
CYCLE☐

DAMAGE THRESHOLD MET

YES ☒NO ☐

PHONE

LAST NAME

**MEDINA**

FIRST NAME

**JOSUE**MIDDLE  
INITIAL**N**STREET  
NEW ADDRESS**10720 28TH ST NE**

CITY

**LAKE STEVENS**

ST

**WA**

ZIP

**982588417**

CDL

RESTRICTIONS

**B**

ENDORSEMENTS

DRIVER'S  
LICENSE #**MEDINJN263MO**

STATE

**WA**

SEX

**M**D.O.B.  
MMDDYYYY**07****20****1974**ON DUTY ☐

STATUS

AIRBAG

**6**

RESTR.

**9**

EJECT

**1**HELMET  
USE**2**INJURY  
CLASS**6**

NATURE OF INJURIES

**CUTS ON HANDS/ARMS, POSSIBLE HEAD INJURY**LICENSE  
PLATE #**AHC1904**

STATE

**WA**

VIN#

**1NXBU4EE5AZ341375**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

**2010**

MAKE

**TOYT**

MODEL

**COROL**

STYLE

**4D**VEHICLE TOWED  
YES ☒NO ☐

TOWED BY

**TOP NOTCH**GOVT. VEHICLE  
YES ☐NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE  
IN EFFECT☒INSURANCE CO  
& POLICY #**ESURANCE PAWA-006663020**VEHICLE  
LEGALLY  
STANDINGYES ☐NO ☐

CITATION #

CHARGE

UNIT 02

MOTOR  
VEHICLE☐PEDAL-  
CYCLE☐

PEDESTRIAN

☐PROPERTY  
OWNER☐

DAMAGE THRESHOLD MET

YES ☐NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX

D.O.B.  
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

**6**

RESTR.

**9**

EJECT

**1**HELMET  
USE**2**INJURY  
CLASS**6**

NATURE OF INJURIES

LICENSE  
PLATE #

STATE

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED  
YES ☐NO ☐

TOWED BY

GOVT. VEHICLE  
YES ☐NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE  
IN EFFECT☐INSURANCE CO  
& POLICY #**ESURANCE PAWA-006663020**VEHICLE  
LEGALLY  
STANDINGYES ☐NO ☐

CITATION #

CHARGE

OFFICER'S NAME (PRINT)

**K. PARNELL**

BADGE OR ID #

**0135**

AGENCY

**WA0311900**

PAGE 01 OF 3

PART A 3000-345-159 R (7/06)


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E564983**CASE # **2016-00014085**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Veh. was driving at high rate of speed WB on 4th St SE. Veh. turned right onto 101st Ave SE, drove off roadway into garden. Veh. hit large landscaping rock and rolled over into intersection. Driver had several small abrasions on hands and arms. Driver stated he blacked out. Aid transported driver to hospital for possible head injury.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>K. PARNELL</b>		<b>07-20-16 01:36 AM</b>	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLA CE SIGNED
APPROVED BY		DATE	
<b>R. BROOKS 0013</b>		<b>7/20/2016 5:51:10 AM</b>	
BADGE OR ID #	<b>0135</b>	ORI #	<b>WA0311900</b>
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
<b>11:25 PM</b>		<b>11:28 PM</b>	

REPORT NO. E564983

CASE # 2016-00014085

DATE AND TIME  
OF COLLISION 07/19/16 23:23

